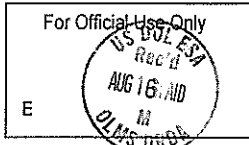


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7753</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Kevin</u> <u>Neuendorf</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2939 61st Street Trail</u> City <u>Vinton</u> State <u>Iowa</u> ZIP Code + 4 <u>52349</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Workers AFL/CIO Local Union 263</u> Labor Organization File Number <u>023-962</u> P.O. Box, Building and Room Number, if any _____ Street <u>1211 Wiley Blvd. SW</u> City <u>Cedar Rapids</u> State <u>Iowa</u> ZIP Code + 4 <u>52404-1320</u>
5. Position in labor organization. <u>Member Union Executive Board</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Information on this form is my best present recollection.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Kevin Neuendorf</u>	On <u>8-8-05</u> Date	<u>319-396-8045</u> Telephone Number

Name of Person Filing Kevin Neuendorf	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 40%;" type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text"/> Sheet Metal Workers Local Union</p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/> No. 263 Health and Welfare Plan</p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/> 1211 Wiley Blvd. SW</p> <p>City <input style="width: 80%;" type="text"/> Cedar Rapids</p> <p>State <input style="width: 20%;" type="text"/> Iowa ZIP Code + 4 <input style="width: 40%;" type="text"/> 52404</p>	<p>11.a. Nature of such dealing.</p> <p>1. See schedule from Form LM-10 - Part B attached.</p> <p>Union Trustee on Joint Board of Trustees which administers Plan.</p> <p>11.b. Approximate dollar value of such dealing. <input style="width: 80%;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p>1. See schedule from Form LM-10 - Part B attached.</p> <p>12.b. Amount. <input style="width: 80%;" type="text"/> \$1,742</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 40%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 80%;" type="text"/></p>

Name of Person Filing Kevin Neuendorf	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <input style="width: 80%;" type="text"/> Trade Name, if any: <input style="width: 80%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text"/> City <input style="width: 80%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input style="width: 80%;" type="text"/> Sheet Metal Workers Local Union Savings Plan Trade Name, if any: <input style="width: 80%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text"/> 1211 Wiley Blvd. SW City <input style="width: 80%;" type="text"/> Cedar Rapids State <input style="width: 20%;" type="text"/> Iowa ZIP Code + 4 <input style="width: 20%;" type="text"/> 52404	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Expense reimbursement (cash) for attending educational conference as a Trustee of the Joint Board of Trustees which administer the Savings Plan 7/14/04. </div> 11.b. Approximate dollar value of such dealing. <input style="width: 50%;" type="text"/> \$741
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px;"></div>
	12.b. Amount. <input style="width: 80%;" type="text"/>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input style="width: 80%;" type="text"/> Trade Name, if any: <input style="width: 80%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text"/> City <input style="width: 80%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	14.a. Nature of payment. <div style="border: 1px solid black; height: 100px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input style="width: 80%;" type="text"/>

Part B

Name of Reporting Employer: Sheet Metal Workers Local Union No. 263				File Number	
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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<p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u>Kevin Neuendorf</u></p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street <u>2939 61st Street Trail</u></p> <p>City <u>Vinton</u></p> <p>State <u>Iowa</u> ZIP Code + 4 <u>52349</u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</p> <p><u>None</u></p>	<p>9.c. Position in labor organization or with employer (if an independent labor consultant, so state).</p> <p><u>Cad Dept. Union Sheet Metal Worker</u></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization <u>Climate Engineering, Inc.</u></p> <p>P.O. Box, Building and Room Number, if any</p> <p><u>P.O. Box 401</u></p> <p>Street <u>883 Shaver Rd NE</u></p> <p>City <u>Cedar Rapids</u></p> <p>State <u>Iowa</u> ZIP Code + 4 <u>52402-4507</u></p> <p>10.b. The promise, agreement, or arrangement was:</p> <p><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both</p> <p>(*Written agreements entered into during the fiscal year must be attached.)</p>
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11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
<u>02/04/2004</u>	<u>289</u>	<u>Payment - Cash</u>
<u>05/12/2004</u>	<u>237</u>	<u>Payment - Cash</u>
<u>08/04/2004</u>	<u>264</u>	<u>Payment - Cash</u>
<u>11/03/2004</u>	<u>211</u>	<u>Payment - Cash</u>
<u>07/14/2004</u>	<u>741</u>	<u>Payment - Cash</u>

<p>12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.</p> <p><u>Lost wages and conference expense</u></p>
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